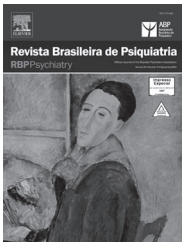
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Letter to the Editors

Rates of psychiatric readmission and public mental health policies

Dear Editor,

Psychiatric readmissions are related to a complex combination of factors that go beyond the severity of psychiatric illness.[1] Therefore, clinical and sociodemographic variables may modulate the risk of readmission with an emphasis on the modalities of treatment available to patients before admission. The limited availability and poor quality of outpatient services and the low functionality of mental health networks can contribute to the lack in patients' stability and, consequently, to readmissions.[2] Furthermore, the dynamics of readmissions allow for a better understanding of the relations between inpatient and outpatient services. Thus, we have read with great interest the article by Loch,[3] in which the author assessed re-hospitalization rates of individuals with psychosis bipolar disorder in the city of São Paulo, Brazil, aiming to establish risk factors leading to early readmission. The author observed that factors such as adherence to treatment, stigma and severity of illness may influence readmission rates.

Of particular interest in Loch's study is the fact that the duration of the hospital stay did not show any correlation with readmissions. We have shown that a significant portion (approximately 40%) of the psychiatric admissions that occurred in the catchment area of Ribeirão Preto, São Paulo, from 1998 to 2004 consisted of very short-stays (up to 48 hours) while only 11.3% of the admissions lasted longer than 30 days.[2] Considering that short stay durations have been suggested as a risk factor for readmission,[4] we carried out a study considering all first psychiatric admissions over an 8-year period (2000-2007) in the catchment area of Ribeirão Preto, São Paulo, aiming to examine predictors of psychiatric readmission. Our preliminary analyses (unpublished results) are in agreement with the data reported by Loch. That is, we found that patients whose first admission occurred in the emergency unit and lasted less than 10 days showed lower frequencies of psychiatric readmissions in the following years. In addition, the best predictor of readmission was the severity of the diagnosis. The risks of readmission were 2.5 times higher for psychotic and bipolar patients compared with non-psychotic patients.

Loch's main finding is the fact that the "family's agreement with permanent hospitalization of the mentally ill" was the best predictor for readmission. These data can have significant implications for public mental health policies because mental health professionals can play a significant role in the education and care of relatives of mentally ill patients. An understanding of the factors that contribute to of psychiatric hospitalizations by family members and health professionals will represent an important tool for organizing the flow of patients through the health network. Correct management of psychiatric admissions in association with an efficient and scalable outpatient services network may lessen the burden of functioning for those diagnosed.[5] Given the current international climate of deinstitutionalization, this kind of understanding and management is particularly important in the treatment of patients at various stages of their psychiatric illness, in addition to its use in offering guidelines for mental health policies. We congratulate the author for his initiative because although this type of assessment is crucial for the organization of mental health networks, there are few studies on the predictors of psychiatric readmissions, particularly in low- and middle-income countries.

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Disclosures

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** Modest*
*** Significant*
**** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.*

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